

(CASE 11499)
P 326 937 128

P 326 937 155

US Postal Service **CASE 11499**
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to AMERICAN MANUFACTURERS MUTUAL	
Street & Number PO BOX 1878	
Post Office, State, & ZIP Code ARLINGTON HEIGHTS, IL	
Postage	60006-1878
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to DEANIE LOU C/O JAMES SEALY	
Street & Number PO BOX 804	
Post Office, State, & ZIP Code HOBBS, NM 88240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to
the right of the return address

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: AMERICAN MANUFACTURERS MUTUAL INS P 326 937 155 P. O. BOX 1878 ARLINGTON HEIGHTS, IL 60006-1878		4a. Article Number INS P 326 937 155	
		4b. Service Type <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 29 MAY 1996	
5. Received By: (Print Name) Michelle Cereghino		8. Addressee's Address (Only if requested and fee is paid) DEANIE LOU C/O JAMES SEALY	
6. Signature: (Addressee or Agent) X Michelle Cereghino			

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

Z 765 963 194



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
American Employer's Insurance Company	
Street and No.	
P.O., State and ZIP Code	
One Beacon Street	
Postage	
Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

Fold at line over top of envelope to the right of the return address

Z 765 962 278



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Deanie Lou C/O James E. Sealy	
Street and No.	
P.O., State and ZIP Code	
P.O. Box 804	
Hobbs, NM 88240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

American Employer's Insurance Company
One Beacon St.
Boston, MA 02108

LEGAL

4a. Article Number

Z 765 963 194

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

3-9-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

2040 S. PACHECO
SANTA FE, NEW MEXICO 87505
(505) 827-7131

March 1, 1996

Certified Mail – Return Receipt Requested

Deanie Lou C/O James E. Sealy
P. O. Box 804
Hobbs, New Mexico 88240

American Employer's Insurance Company
One Beacon Street
Boston, MA 02108

RE: OCD Case No. 11499

Application of the New Mexico Oil Conservation Division for a Show Cause Hearing requiring Deanie Lou and American Employer's Insurance Company to appear and show cause why the Ring Well No. 1 located in Unit C of Section 32, T6S, R26E, Chaves County, New Mexico should not be plugged and abandoned

Dear Sir/Madam:

This letter is to advise you that the New Mexico Oil Conservation Division has filed the enclosed application seeking a Show Cause Hearing requiring Deanie Lou and American Employer's Insurance Company to appear and show cause why it/they should not be ordered to plug and abandon the above-referenced well.

This application has been set for hearing before an Examiner of the Oil Conservation Division on March 21, 1996. You are not required to attend this hearing, but as an owner of an interest that may be affected by an order issued in this cause, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90--- Enclosed) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

RAND CARROLL, Attorney
New Mexico Oil Conservation Division

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 3
CASE NO.	11499

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Deanie Lou C/O James E. Sealy
P.O. Box 804
Hobbs, NM 88240

4a. Article Number

Z 765 962 278

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

2040 S. PACHECO

SANTA FE, NM 87505



Deanie Lou
C/O James Sealy
P.O. Box 804
Hobbs, NM 88240



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
2040 S. PACHECO
SANTA FE, NM 87505

CERTIFIED

Z 765 962 278

MAIL

Deanie Lou c/o James E. Sealy
P.O. Box 804
Hobbs, New Mexico 88240

**STATE OF NEW MEXICO ENERGY,
MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION
THROUGH THE SUPERVISOR OF DISTRICT II FOR AN ORDER REQUIRING THE
RING WELL NO. 1 LOCATED IN UNIT C OF SEC. 32, T-6-S, R-26-E, CHAVES
COUNTY, NEW MEXICO, TO BE PROPERLY PLUGGED, AUTHORIZING THE
DIVISION TO PLUG SAID WELL, AND ORDERING A FORFEITURE OF THE
PLUGGING BOND, IF ANY.**

CASE NO. 11499

AFFIDAVIT REGARDING NOTICE

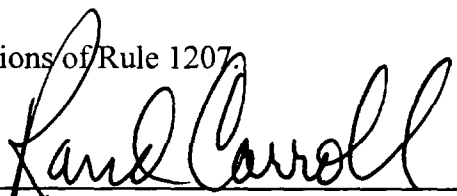
1. I am over the age of eighteen and have personal knowledge of the matters stated herein.

2. I am the attorney of record for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the correct addresses of interest owners entitled to receive notice of the Application herein.

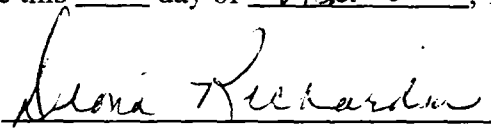
4. Notice of the Application was provided to the interest owners at their correct addresses by mailing them, by certified mail, a copy of the Application. Copies of the notice letter and certified return receipts are attached hereto.

5. Applicant has complied with the notice provisions of Rule 1207.



Rand Carroll

SUBSCRIBED AND SWORN TO before me this 21st day of March, 1996,
by Rand Carroll.



NOTARY PUBLIC

My commission expires:

Oct 28, 1997



Lumbermens Mutual Casualty Company • American Motorists Insurance Company
American Manufacturers Mutual Insurance Company • American Protection Insurance Company
80 Blue Ravine Road, Folsom, CA 95630 • 916/351-7500 • 800/932-6657 • CLAIM FAX 916/351-7626

OIL CONSERVATION DIVISION
ATTN: RAND CARROLL
2040 SOUTH PACHECO STREET
SANTA FE NM 87505

06/05/96

CLAIM #: 780 SE 011636 N 780 BDB
INSURED: JAMES E. SEALY DBA

DATE OF LOSS: 05/23/96
OTHER: BOND # 7SE 290417

DEAR MR. CARROLL:

THIS WILL ACKNOWLEDGE RECEIPT OF YOUR NOTIFICATION OF THE POSSIBILITY OF A CLAIM UNDER THE CAPTIONED BOND.

PLEASE FORWARD DOCUMENTATION SUPPORTING YOUR CLAIM. I UNDERSTAND THAT UPON RECEIVING APPROVAL OF THE APPLICATION TO PLUG THE SUBJECT WELL YOUR DEPARTMENT WILL PROCEED TO HAVE THE WELL PERMANENTLY PLUGGED. UPON COMPLETION OF THIS ACTION, YOU WILL FORWARD DOCUMENTATION OF THE ACTUAL INCURRED COSTS OF THIS OPERATION, WHICH YOU ESTIMATED TO BE IN THE \$5,000 TO \$10,000 RANGE.

UPON RECEIPT OF SUCH DOCUMENTATION, I WILL ISSUE A PAYMENT TO THE STATE OF NEW MEXICO FROM THE BOND FUNDS FOR THE DOCUMENTED COSTS, NOT TO EXCEED THE BOND LIMIT OF \$50,000.

SHOULD YOU HAVE ANY QUESTIONS IN THE MEANTIME, OR IF I CAN BE OF ANY SERVICE TO YOU OR YOUR DEPARTMENT, PLEASE DO NOT HESITATE TO CONTACT ME.

VERY TRULY YOURS,

A handwritten signature in cursive script, appearing to read "B D Breedlove".

AMERICAN MANUFACTURERS MUTUAL
BURT D BREEDLOVE
CLAIM DEPARTMENT
916/351-7610